

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
2	/						52				
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46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				